

CLAIMS ONLY						Application Number <i>10/649,763</i>	Filing Date			
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2		1			1		52			
3		1			1		53			
4		1			1		54			
5							55			
6		1			1		56			
7		1			1		57			
8		1			1		58			
9		1			1		59			
10		1			1		60			
11		1			1		61			
12		1			1		62			
13		1			1		63			
14		1			1		64			
15		1			1		65			
16		1			1		66			
17		1			1		67			
18		1			1		68			
19		1			1		69			
20		1			1		70			
21		1			1		71			
22		1			1		72			
23		1			1		73			
24		1			1		74			
25					1		75			
26							76			
27							77			
28							78			
29							79			
30							80			
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33							83			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	6		7				Total Indep			
Total Depend	17	←	18	←	←		Total Depend	←	←	←
Total Claims	23		25				Total Claims			